


PTO/SB/22 (12-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	<b>RECEIVED CENTRAL FAX CENTER DEC 21 2004</b>
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618))		1999-31	
Application Number 09/599,124		Filed 06/22/2000	
For Hierarchical Key Management			
Art Unit <del>7360</del>		Examiner JOSEPH M. MCARDLE	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<b>Fee</b>	<b>Small Entity Fee</b>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>\$1020</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1450</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,609</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
		12/21/2004	
Signature		Date	
David G. Grossman		(703) 689-4881	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9,599/24

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	32 minus 20 =	12
INDEPENDENT CLAIMS	2 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OTHER THAN  
SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	345.00			690.00
X\$ 9=			X\$18=	2/4
X39=			X78=	
+130=			+260=	
TOTAL			TOTAL	906

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	32	Minus	52 =
Independent	2	Minus	2 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	** =
Independent		Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	** =
Independent		Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.